



**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure**

**Board of Registration in Pharmacy
239 Causeway Street, 5th Floor, Boston, MA 02114
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www.mass.gov/reg/boards/ph**

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

RONALD PRESTON
SECRETARY

CHRISTINE C. FERGUSON
COMMISSIONER

**APPLICATION FOR REGISTRATION TO PRACTICE AS A
NUCLEAR PHARMACIST – FEE: \$150.00 (Non-refundable)**

BOARD USE ONLY

Board _____
License # _____
Type _____
Cash # _____
Cash Date _____

A certified check, money order, or personal check for **\$150.00** payable to the Commonwealth of Massachusetts.

1. Name _____

BOARD USE ONLY

Status Code _____ Issue Date _____ Lic. Exp. Date _____

2. Residence _____ ()
No. Street Telephone

City or Town

State

Zip Code

3. Massachusetts Pharmacist Registration Number _____

4. Educational and Training Requirements for a Nuclear Pharmacist.
To be comprised of both (a) and (b):

- a. Two hundred (200) contact hours of formal academic training in the area of radiopharmaceutical preparation and handling.

Educational Institution	Location	Dates Attended

- b. Three (3) months of full-time or 500 hours of actual on-the-job practical experience in the field of radioactive drugs and radiopharmaceutical services under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing nuclear pharmacy services, or in a structured nuclear pharmacy training program of a Board-approved college of pharmacy. This application should be accompanied by a statement(s) from the qualified nuclear pharmacist(s) attesting to the fact that the 500 hours of experience has been satisfactorily completed.

Name of Supervising Nuclear Pharmacist	Address	Phone

Name of Pharmacy or Approved College	Address

5. Have you ever been the subject of any disciplinary action, or are you presently the subject of any complaint before the Board of Registration in Pharmacy or any equivalent agency in another state or jurisdiction?

No _____ Yes _____ (If “yes”, please attach an explanation).

I hereby certify that I have read and understand all applicable state and federal statutes and regulations regarding the operation of a nuclear pharmacy and the handling of radiopharmaceuticals and radioactive materials, including M.G.L. Chapter 94C, and M.G.L. Chapter 112, and 247 CMR 13.00 et.seq.

I also certify, under the pains and penalties of perjury, that the statements and answers herein contained are truthful.

Applicant’s Signature _____

Date _____

Social Security Number _____